#### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s) James J.	Bianco, Jr.; Adam Schm	nidt; Karen Soucy; Kath	y Corey Fox
II. Name of lobbyist's partnership	), firm or corporation, if an	y:	
Bianco Profess	ional Association		
	ip, firm or corporation)		- 11
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(603) 226-0165	e-mail_attys@b	oiancopa.com
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w	vhich are not attributable to	any one client).	
X All reportable transactions occur			he following client:
(Full Name o	WellCare Health Plan of Client as it appears on the Lob	·	
OR . ☐ All reportable transactions by th unrelated to any particular client.			ng firm listed below which are
IV. Date of Report April 25, 26 Reports cover: activity from date of	018 🛚 Note 10 10 10 10 10 10 10 10 10 10 10 10 10	July 25, 2018	8
October 31 activity from 7.	1, 2018 🗍 1/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/3	1/18
V. There have been no fees reco If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports are		e <b>Addendum A</b> – Fees and F	Expenses
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you	ı must file <b>Addendum B</b> Re	eport of Honorariums or
☐ If you, your firm, or your family	/ has made political contribut	tions, you must file <b>Addend</b>	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know	A 4-C and RSA 664 and her	reby swear or affirm that the	foregoing information is true
(Signature of lobbyist)		April 25, 2018 (Da	ite)
James J. Bianco, Jr.			
(Print Name of lobbyist)		<b></b>	
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APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

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## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Bianco Professional Association (Name of partnership, firm or corporation)  III. Name of Client WellCare Health Plans, Inc.  IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governmincluding research, monitoring legislation, and related legal work. The reduced by any expenses:  a) Total of all fees received in this reporting period  b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar (Add lines a and b)	Date 04/25/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governmincluding research, monitoring legislation, and related legal work. The reduced by any expenses:  a) Total of all fees received in this reporting period  b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar)  c) Total of all fees received to date	
<ul> <li>IV. Fees Received</li> <li>Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The reduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar)</li> <li>c) Total of all fees received to date</li> </ul>	
<ul> <li>Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governmincluding research, monitoring legislation, and related legal work. The reduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar)</li> <li>c) Total of all fees received to date</li> </ul>	we that are related directly or indirect
<ul> <li>b) Total of all fees received this calendar year, prior to this reporting perio (This should equal the total of all prior monthly reports for this calenda</li> <li>c) Total of all fees received to date</li> </ul>	ent relations, or public relations service
(This should equal the total of all prior monthly reports for this calenda c) Total of all fees received to date	a) \$ 15,042
	c) \$ 15,042
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to ear the lobbyist(s)/firm that are unrelated to any one client a separate repo Expenses are to be reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for exalunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this rany purpose not covered by (a) (for example: purchase of a meal with a ceremonial object to be given to the subject of lobbying with a value grestaurant expenses for a legislative reception). Expenses for honorariu contributions will be reported on separate addendums and should not be reported.	ch client and if expenditures are made rt may be filed for the lobbyist(s)/fir the aggregate total of all expenses page expenses; (b) the aggregate total of imple: meals purchased during a busing fless than \$10 that is given to the persobied with a value of \$25.00 or less); a eporting period of greater than \$25.00 evalue of greater than \$25, purchase of eater than \$25, but not greater than \$35 ms, expense reimbursement, or political expenses and the second results and the second results are the second results and the second results are the second results and results are the second results a
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>	a) \$ 11,292
b) Total aggregate of expenditures during this reporting period , not report in a), of $\$25$ or less.	
c) Total of all itemized expenditures reported in detail in section VI.	b) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 11,292
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>11,292</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
W2	04/25/2018
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partner	rship, firm, or corpo	ration: Bianco Professi	onal Association
Name of Client (leave bla	nk if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): WellC	are Health Plans, l	Inc.	7.71
Date of Report (check on	e):		
April 25, 2018 ☒ .	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
· ·			d Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm to complete to the best of my (Signature of lobbyist)		ief.	ril 25, 2018 (Date)
(Signature of loobyist)			(Date)
Adam Schmidt			
(Print Name of lobbyist)			

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpo	oration: Bianco Profess	ional Association	
			corporation and not related to a	ny
particular client): Well	Care Health Plans,	Inc.		
Date of Report (check o	ne):			
April 25, 2018 ₺	July 25, 2018 🗆	October 31, 2018 □	January 30, 2019 □	
			nd Expenses described above, a umber of Addendum forms bei	
Addendum A(s)				
Addendum B(s)				
Addendum C(s)				
I hereby swear or affirm complete to the best of r		lief.	nt and each Addendum is true a	ınd
(Signature of lobbyist)		Ap	ril 25, 2018 (Date)	
Karen Soucy				
(Print Name of lobbyist)				

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans, Inc.
Date of Report (check one):
April 25, 2018 X July 25, 2018 □ October 31, 2018 □ January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
April 25, 2018
(Signature of loobyist) (Date)
Kathy Corey Fox (Print Name of lobbyist)